

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560591

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6								56					
7			1					57					
8			1					58					
9		8						59					
10		9						60					
11								61					
12								62					
13								63					
14								64					
15		8						65					
16		0						66					
17		6						67					
18		2						68					
19		0						69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1					TOTAL IND.					
TOTAL DEP.			19					TOTAL DEP.					
TOTAL CLAIMS			20					TOTAL CLAIMS					